



The Wisconsin Restaurant

☐ **Yes, I'll Participate In The Accommodation Program.**

Please send me a FREE Source Book of information
and an order form for other FREE materials.

Your Name (please print clearly) _____

Your Title _____

Business Name _____

☐ Restaurant ☐ Fine Dining ☐ Mid-scale ☐ Quick Service ☐ Hotel ☐ Bowling Center

☐ Shopping Mall ☐ Stadium/Arena ☐ Casino ☐ Bar/Tavern ☐ Airport ☐ Association

☐ Other (please specify) _____

☐ Chain Operator ☐ Independent Operator ☐ Local ☐ Regional ☐ National

Business Address _____

City State Zip _____

Phone () _____ Fax () _____

☐ **Yes, you may use my establishments name as a participant of
The Accommodation Program in promotional materials and advertising.**

Signature _____

Source: <https://www.industrydocuments.ucsf.edu/docs/hrgp0003> APSC2



2061037252